

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2		1				
3		1				
4	1					
5		1				
6		1				
7		2				
8		1				
9		2				
10	1	7	6			
11	1					
12		1				
13		1				
14		3	4			
15		3	4			
16	1					
17		1				
18		1				
19		2				
20						
21	1					
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50						
TOTAL IND.	13					
TOTAL DEP.						
TOTAL CLAIMS	41					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.						
TOTAL CLAIMS						